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Bib Data Sheet

SERIAL NUMBER 09/691,632	FILING OR 371(c) DATE 10/18/2000 RULE	CLASS 455	GROUP ART UNIT 2682	ATTORNEY DOCKET NO. 40689/CAG/B600
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APPLICANTS

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**** CONTINUING DATA *******

This application is a CON of 09/634,552 08/08/2000 which claims benefit of 60/160,806 10/21/1999 and claims benefit of 60/163,487 11/04/1999 and claims benefit of 60/163,398 11/04/1999 and claims benefit of 60/164,442 11/09/1999 and claims benefit of 60/164,194 11/09/1999 and claims benefit of 60/164,314 11/09/1999 * and claims benefit of 60/165,234 11/11/1999 and claims benefit of 60/165,239 11/11/1999 and claims benefit of 60/165,356 11/12/1999 and claims benefit of 60/165,355 11/12/1999 and claims benefit of 60/172,348 12/16/1999 and claims benefit of 60/201,335 05/02/2000 and claims benefit of 60/201,157 05/02/2000 and claims benefit of 60/201,179 05/02/2000 and claims benefit of 60/202,997 05/10/2000 and claims benefit of 60/201,330 05/02/2000

(*Data provided by applicant is not consistent with PTO records.

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 12/12/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CA	48	31	3
Verified and Acknowledged	Examiner's Signature Initials				

ADDRESS

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TITLE

ADAPTIVE RADIO TRANSCEIVER WITH AN ANTENNA MATCHING CIRCUIT

FILING FEE RECEIVED 1146	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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